TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE 200 Austin, Texas 78723 - 1035 Phone: (512) 936-7700 http://www.tcole.texas.gov

Out of State Service/Training Credit for Peace Officers, Jailers and **Telecommunicators**

Individuals submitting application must be currently appointed in Texas.

Non-refundable \$ 35 fee must be included. Money order, agency or cashier's check. (5590)

| | | | APPLICAN | INFORMATIO | אכ | | | | |
|---|------------|----------------------------|-----------------|--|----------------|----------------------|-------------------------------|----------------------|--|
| 1. TCOLE PID | 2. Last Na | ame | | 3. First Name | | 4. M.I. | 4. M.I. 5. Suffix (Jr., etc.) | | |
| | | | | | | | | | |
| 6. Home Mailing Address | | | | · | 7. City | 8. | State | 9. Zip Code | |
| 10. Phone Number (include area code) 11. E-mail | | | | | | | | | |
| | | | | | | | | | |
| | | Out of State F | POST Full-Tim | e SERVICE ar | nd TRAINING | INFORMA ⁻ | TION | | |
| 1. Years of Full-Time s | | | | Total number of POST certified training | | | | | |
| Peace Officer summary | | | | | | | | | |
| | | Years of Full-Time service | | 2. Total number of POST certified training | | | | | |
| Jailer summa | ary | | | | | | | | |
| | | Years of Full-Time service | | Total number of POST certified training | | | | | |
| Telecommunicato summary | r | | | | | | | | |
| their POST certifie not submit individ We will not add cu | ual certif | icates of comp | oletion, they v | vill not be revi | ewed. | • | nours | reported. Do | |
| Reserve service ti | me will n | ot be accepted | d when calcul | ating time and | l training. | | | | |
| Training credit aw | arded wi | II be reported a | as a sum of h | ours, training | will not be br | oken out. | | | |
| Black out all but the | ne last 4 | digits of the So | ocial Security | Numbers on | official docur | nents. | | | |
| I, the applicant, am foregoing information | | | | ernment docu | ment and und | er penalties | of pe | erjury I declare the | |
| | | | | | | | | | |
| | | | | | = | | | | |
| Signature of Applicant | | | | | Date | | | | |

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